No. \_\_\_\_\_

Appeal <u>No. 17-11066-CC</u>

### IN THE

## SUPREME COURT OF THE UNITED STATES

<u>CEFALO LEWIS</u>. — PETITIONER (Your Name)

VS.

#### UNITED STATES OF AMERICA, - RESPONDENT(S)

# MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

The petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

Please check the appropriate boxes:

Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

United States District Court, Miami Division, for the

Southern District of Florida

 $\Box$  Petitioner has **not** previously been granted leave to proceed in forma pauperis in any other court.

□ Petitioner's affidavit or declaration in support of this motion is attached hereto.

Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in the current proceeding, and:

□ The appointment was made under the following provision of law: \_\_\_\_

or

 $\Box$  a copy of the order of appointment is appended.

lefalo Loui (Signature)

## AFFIDAVIT OR DECLARATION IN SUPPORT OF MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

I, <u>CEFALO LEWIS</u>, am the petitioner in the above-entitled case. In support of my motion to proceed *in forma pauperis*, I state that because of my poverty I am unable to pay the costs of this case or to give security therefor; and I believe I am entitled to redress.

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average m the past 12	onthly amou 2 months	nt during	Amount expect next month	ed
	Ye	ou	Spouse	You	Spouse
Employment	\$_	0	\$	\$0	\$
Self-employment	\$_	0	\$	\$	\$
Income from real prop (such as rental incon		0	\$	\$	\$ <u>0</u>
Interest and dividends	<b>s</b> \$.	0	\$	. \$	\$
Gifts	\$	0	\$	\$	\$ <u>0</u>
Alimony	\$	0	\$0	\$	\$0
Child Support	\$	60	\$0	\$	\$
Retirement (such as security, pensions, annuities, insurance		<u>    0                                </u>	\$0	\$	\$_0
Disability (such as so security, insurance p		§	\$_0	\$ <u>0</u>	\$
Unemployment paym	ients S	\$ <u>0</u>	\$	\$	\$ <u>0</u>
Public-assistance (such as welfare)	Ş	\$	\$ <u>0</u>	\$	\$0
Other (specify):N	/A	\$	\$	\$0	\$
Total monthly	income:	\$	\$ <u>0</u>	\$0	\$ <u>0</u>

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
<u>N/A</u>	N/A	Employment N/A	\$ <u>0</u>
11		11	\$
11 .	If .	<u>.</u>	\$O

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
<u>N/A</u>	<u> </u>	<u> </u>	\$ <u>0</u> \$0
11	11	11	\$ <u>0</u>

4. How much cash do you and your spouse have? \$\_\_\_\_\_\_ Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
<u> </u>	<u>N/A</u>	\$ <u>    0                                </u>	\$O
11	11	\$	\$O
11	11	\$ <u>0</u>	\$ <u>·</u> O

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

🗌 Home

Value <u>N/A</u>

□ Other real estate Value \_\_\_\_N/A\_\_\_\_\_

□ Motor Vehicle #1 Year, make & model <u>N/A</u> Value <u>N/A</u>

🗌 Motor V	<sup>7</sup> ehicle #2		
Year, m	ake & model _	N/A	
Value	N/A		

□ Other assets Description \_\_\_\_\_\_N/A Value \_\_O 6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
N/A	\$0	\$
	\$	\$
	\$	\$

7. State the persons who rely on you or your spouse for support.

<b>NT / A</b>	
N/A	N/A
11	
11	11
	N/A "

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home) Are real estate taxes included?   Yes   No Is property insurance included?  Yes   No	\$0	\$
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$	\$0
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u>    0                                </u>
Food	\$	\$
Clothing	\$0	\$O
Laundry and dry-cleaning	\$0	<u>\$</u> 0
Medical and dental expenses	\$ <u>0</u>	\$ <u>0</u>

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>0</u>	<u>\$</u> 0
Insurance (not deducted from wages or included in mort	gage payments)	
Homeowner's or renter's	\$0	\$ <u>0</u>
Life	· <u>\$_</u> 0	<u>\$</u>
Health	\$ <u>0</u>	<u>\$</u>
Motor Vehicle	\$ <u>0</u>	<u>\$</u>
Other: <u>N/A</u>	\$ <u>     0                               </u>	<u>\$</u>
Taxes (not deducted from wages or included in mortgage	e payments)	
(specify):N/A	\$0	<u> </u>
Installment payments		• •
Motor Vehicle	\$ <u>0</u>	<u>\$</u> 0
Credit card(s)	\$0 <sup>al_all</sup>	<u></u> 0
Department store(s)	\$ <u>0</u>	<u>    0    </u>
Other:N/A	\$ <u> </u>	<u></u> <u></u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	<u>\$</u> 0
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$O	<u>\$</u> 0
Other (specify): <u>N/A</u>	\$	<u>\$</u> 0
·	s O	• O

9. Do you expect any major charges to your monthly income or expenses or in your assets or liabilities during the next 12 months?

 $\Box$  Yes  $\Box$  No If yes, describe on an attached sheet.

10. Have you paid – or will you be paying – an attorney any money for services in connection with this case, including the completion of this form? 🗋 Yes 🖾 No

If yes, how much? \_\_\_\_\_

If yes, state the attorney's name, address, and telephone number:

Pro-se.

11. Have you paid—or will you be paying—anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

□ Yes [X] No Pro-se.

If yes, how much? \_\_\_\_\_0

If yes, state the person's name, address, and telephone number:

N/A

12. Provide any other information that will help explain why you cannot pay the costs of this case.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: <u>April 16</u>, 2018

In Compliance with Title 28 U.S.C. §1746.

Gala Louis, (Signature)